

CHILD'S ATTORNEY <i>(Name and Address)</i> : TELEPHONE NO. <i>(Optional)</i> : E-MAIL ADDRESS <i>(Optional)</i> : CHILD'S NAME:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
LOCAL EDUCATIONAL AGENCY RESPONSE TO JV-530	CASE NUMBER:

This form must be returned to the court within 15 calendar days of receipt of form JV-530 with the records requested in that form for conducting a truancy mediation program or presenting evidence in a truancy petition.

1. Child's name:
2. Child's home address:
3. Child's school:
4. Child's school address:
5. School personnel contact *(name, title, and telephone no.)*:
6. The records, or copies of records, attached include *(check all that apply)*:
 - a. ☐ Attendance records
 - b. ☐ Documentation of excused absences
 - c. ☐ Other documents relating to the truancy of the child *(specify)*:

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

(TITLE)